

# LUCAS COUNTY INCIDENT REPORT

NO: \_\_\_\_\_

1. NAME: \_\_\_\_\_ INCIDENT DATE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_ REPORT DATE: \_\_\_\_\_  
LOCATION OF INCIDENT: \_\_\_\_\_  
TIME: \_\_\_\_\_ A.M. / P.M.

2. DESCRIPTION OF INCIDENT:  
(BE ACCURATE , CONCISE AND FULLY EXPLANATORY. DO NOT ATTEMPT TO ASSESS FAULT. IF AN INJURY OCCURS, DOCUMENT ANY STATEMENT(S) MADE BY INJURED PARTY. DO NOT ATTEMPT TO ASSESS SEVERITY OF INJURY. CALL FOR EMERGENCY SQUAD IF REQUESTED, OR IF SEEMS WARRANTED. REFER & USE OTHER SIDE IF NECESSARY.):

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3. PROPERTY/EQUIPMENT DAMAGE (Location): \_\_\_\_\_

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4. NATURE OF INJURY: \_\_\_\_\_

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5. WITNESSES (Names, Address & Phones No.): \_\_\_\_\_

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6. SUPERVISOR'S SIGNATURE: \_\_\_\_\_

**NOTE: Injured employees must fill out the OHSA 101 form. See supervisor for forms.**

FORWARD WHITE FORM TO : RISK MANAGEMENT ✂ PINK FORM: DEPARTMENT ✂ YELLOW FORM: INCIDENT REPORTER  
LUCAS COUNTY COMMISSIONERS OFFICE - ONE GOVERNMENT CTR SUITE 440  
TOLEDO, OHIO 43604